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THE INDIAN SERVICE HEALTH ACTIVITIES.

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History of Development.

Since the original inhabitants of this country were the Indians, our Government has been concerned with Indian affairs from its beginning. Laws regulating trade with the Indians were passed in the early days of the Republic and the Office of Superintendent of Indian Trade was created in 1806, lasting until 1822. In 1824 a Bureau of Indian Affairs was established in the War Department by the Secretary of War. In 1823 Congress passed a law which created the Office of Commissioner of Indian Affairs and continued it in the War Department. When the Department of the Interior was formed in 1849 the Office of Indian Affairs was transferred to it where it has been ever since.

The only order on record dealing with health while the Indians were under the jurisdiction of the War Department seems to have been one concerning the moving of Indians from one country to another. In this order it was stipulated that care should be taken that the best sanitary conditions prevail and that their health be carefully guarded. Physicians were employed in those days, though more for the benefit of Government agents than for the Indians. Army surgeons were generally accessible and were frequently called upon to render medical care.

In 1873 the first organized effort was made to deal with the health of the Indians. In that year a division of medicine and education was established in the Bureau and continued until 1877. There was a great need for such work as disease had been a potent factor in decreasing the American Indian population. As early as 1835 a senatorial committee had stressed this rapid decrease and had attributed no small part of it to contact with civilization and consequent ravages of disease. In spite of this fact, the division of medicine was discontinued in 1887, not to be revived until 1909, although there was always a certain amount of medical service in the field. Since the year 1909 the medical activities have been gradually increased.

Under the present organization of the health work of the Bureau of Indian Affairs there are for comprehensive description two sections, i.e., the administrative which is a section in the education division of the Washington office. The Commissioner of Indian Affairs, with the assistance of the Assistant Commissioner, directs the administrative policy of the section, which handles the submitting of estimates for funds, their distribution and the various health activities of the entire field. The section is in charge of a medical officer who has graduated from a recognized school of training, he advises with the Commissioner on the various technical and professional subjects of administration. The active or field section covers all the activities of application of remedial measures including the operation of hospitals, sanatoria, health of schools, and reservation health and sanitation.

The Hospitals.

The first hospital for Indians was established in 1882. The growth in the number of hospitals is shown in the following table:

Total number of hospitals	.....1888.....	4
"	.....1900.....	5
"	.....1911.....	50
"	.....1912.....	53
"	.....1913.....	48
"	.....1914.....	51
"	.....1915.....	74
"	.....1916.....	81
"	.....1917.....	81
"	.....1918.....	87
"	.....1919.....	87
"	.....1920.....	87
"	.....1921.....	85
"	.....1922.....	78

The reduction in 1922 is due to increased cost of maintenance, this general trend to reduce the number in 1920 was for the same reasons. Of the 78 institutions now being operated they are divided as is shown in the following table:

Sanatorium schools.....	5,	Capacity	470
Sanatoria.....	6,	"	210
General.....	31,	"	632
School.....	35,	"	826
Nervous and mental diseases.....	1,	"	84
	78	"	2,222

In connection with the foregoing classification there are provisions at a number of general and school hospitals in the more isolated sections of the Service for caring for tuberculous patients. During the fiscal year there have been cared for in the foregoing hospitals approximately 16,000 patients giving a total of about 486,000 hospital relief days. At each of the hospitals there is maintained a dispensary or out-patient service which renders medical assistance to a large number of out patients. The sanatorium schools are located in convenient places in the Service. They were designed to provide institutional treatment for the Indian children of school age who are afflicted with tuberculosis, but whose physical condition will permit of a limited amount of academic and vocational education. A course of both classes of education has been modified to meet the individual requirements. It is hoped through the influence of this class of hospitals to arrest a number of the incipient cases of this disease and prepare the individual with sufficient industrial and vocational training to meet the demands of competitive citizenship.

For the amusements of the pupils in these institutions and to provide mental diversion there are provided certain physical exercises, competitive games both of which are designed to be consistent with their physical development, and motion-picture shows, music, etc. The diet is especially selected for the pupils in these institutions and are balanced in accordance with the recognized standard for this class of institutions.

The sanatoria were designed to provide care and treatment of the cases of tuberculosis which owing to age or degree of advancement are not eligible to the sanatorium schools what is said concerning the diet and amusements for the sanatorium schools applies to this class of institutions, however, there are no regular provisions for providing educational facilities to this class of patients nor are such provisions considered practicable.

The general hospitals are institutions in which provisions are made for caring for the general illness occurring on the various reservations they are sometimes designated agency hospitals, the name being derived from the purpose they serve. In these institutions which are located on the reservations, the cases of illness developing under the jurisdiction are cared for. The work and management of the agency or general hospitals are very similar to the smaller municipal hospitals. They are nearly all provided with obstetrical wards, and the Indians are being educated to the advantages of hospitalization in this class of cases. They are as a rule constructed with provisions for operating rooms, isolation wards, etc., the capacity varying from 8 to 80 beds each.

The school hospitals are located in connection with the various boarding schools of the Service and as the name implies they are provided to supply the necessary hospital facilities for the pupils in the school.

With these institutions it is possible to immediately segregate the cases of illness developing in the schools from the other pupils. It provides for more constant attention and care to the ill pupil than could possibly be provided with the usual boarding-school facilities. These institutions are under the direct supervision of the school physician and admissions and dismissals are made upon his recommendations. In addition to the physician the hospital is in charge of the school nurse who besides caring for the patients in a professional capacity, supervises the preparation of the diet, the general duties of the other employees and instructs regular details of the more advanced girls in the vocation of home nursing. These institutions like the others described in the foregoing paragraphs are supplied with a dispensary. All the ambulatory cases are cared for herein. The cases of trachoma in the school are required to report to the dispensary at regular periods for treatments. Cases of minor injuries occurring in the school are immediately referred to this part of the hospital for proper attention. The average school hospital is equipped for handling epidemics and all cases of ordinary illness developing within the school. The constant supervision of the various employees in the boarding schools renders the most efficient medical service possible. It is believed that the medical provisions for the Indian Service schools compares favorably with any municipal, State, or other Federal activity of similar classification.

The nervous and mental disease hospital for the Indian Service is located geographically in almost the center of Indian population. It is a modern institution of this class. It is equipped with the most modern appliances for properly caring for this class of patients. Special provisions are made for entertainment and mental diversions of the patients. It has a capacity of 84 beds and has been filled for the past several years. The physician in charge of this institution is a man of broad experience and special training in this class of work. This class of cases always presents a pitiable aspect with a gloomy outlook for the future, but every possible provision for their comfort and future welfare is provided.

In addition to the hospitalization of the patients it is necessary that the Bureau provide necessary field employees to select the cases from their homes and to supply all possible medical aid to the cases of illness in the homes where hospitalization for some reason is either impossible or impracticable. The Indian is not different from the white race in that it is not in all instances possible to place the patient in the hospital. Home conditions and surroundings, and marital conditions render moving the patient to an institution practically as impossible as in many of our white homes. In addition the Indian people have not been educated up to hospitalization as we have and the result is that we experience no little difficulty in overcoming among them the hospitalphobia which is present.

The following table is designed to give an idea of the growth and present number of health employees engaged in this important phase of health work:

Year.	Physicians.	Nurses.	Other health hospital employees.	Field matrons.
1895	74	8	7	3
1897	84	24	21	16
1898	83	32	32	30
1899	87	30	19	29
1900	83	27	15	21
1905	96	33	10	40
1918	196	99	100	87
1922	208	105	100	87

The foregoing figures are approximate and vary from time to time according to general conditions. During the war and since the Bureau has not been able to keep all the health-section positions filled. Of the 208 physicians enumerated in the foregoing table all except 56 are full-time employees.

The principal diseases with which the medical service has had to cope have been tuberculosis and trachoma. For instance, it is estimated that in 1920 there were nearly 25,000 cases of tuberculosis and over 30,000 cases of trachoma. This gives an idea of the magnitude of the task confronting the Bureau. With the growth of the hospital facilities and extension of the personnel it is hoped to lessen the morbidity rate for these two diseases. The Bureau has divided the Service into six districts and assigned to each a specialist in diseases of the eye, ear, nose, and throat, with special training in trachoma and supplied each with a nurse. They visit the various jurisdictions in their district and supply such special services as are indicated the beneficial results of this work while it is yet in its infancy are quite manifest. In addition the Bureau supplies seven traveling dentists who visit the jurisdictions similar to the special physicians to perform the necessary dental work.

The traveling dentists are among the most useful employees of the Service. They travel from jurisdiction to jurisdiction in their respective districts and perform the dental work for the pupils in the schools and also for the reservation Indians. Their professional aid promotes conditions among the Indians now generally regarded as definitely essential to bodily health.

The agency and school physicians whether employed under contract or full time appointment perform the duties indicated by their designations. The term "Agency" applies to the physicians who are employed for agency or general reservation work and the "School" designates a school employee. In many instances where there are reservation boarding schools the agency physician also acts in the capacity of school physician. The nurses are similarly classified and their duties are not different from the position in our municipal institutions.

The duties of the field matron are multiple in character, comparable to the duties of the visiting county nurse. Improvement of the homes, educational, moral, sanitary, environmental and social conditions among the Indians are to be regarded as the primary object of their work. Though it is the duty of every employee of the Service, regardless of his position, to do everything possible to contribute to such improvement, both by effort and example, the field matron whose duties bring her into closer relationship with the family, especially the mothers and daughters of the home circle, is particularly charged with the responsibility of developing higher standards of living. She visits the homes, renders such assistance as is possible in cases of illness, assists in hospitalization and works with the agency physicians in their reservation health work. Realizing the vast importance of this service from a standpoint of health and sanitation the Commissioner, Hon. Chas. Burke, has been successful in obtaining cooperation from the American Red Cross society which society is sending a limited number of nurses onto the reservations for the purpose of studying the requirements for an efficient service of this kind and they will cooperate with him in suggesting appropriate plans for increasing the realm of this activity.

The administrative duties of the Washington Office includes the changes in personnel, construction, and repair of hospitals, purchase of medical and hospital supplies and all other expenditures for health work, together with the allotment of such funds as are necessary and available. Instructions from this section are issued through the superintendents to the field employees and direct to the supervisors, special physicians, and dentists.

There are at present 336,337 Indians in the United States including the Five Civilized Tribes. Many of them are citizens and tax payers. While the Indians are scattered through the country, the largest number, 119,255, are in Oklahoma. In general, the majority are in the States of the West and Southwest as Arizona, New Mexico, South Dakota, etc.

The duties of the Medical Supervisor are of the same general character as those of the Chief Medical Supervisor, though somewhat more restricted in scope.

The Special Physicians of the Indian Service are primarily specialists in trachoma and other diseases of the eye, ear, nose, and throat. They select many cases for hospitalization at the various jurisdictions. In addition they are frequently detailed in emergencies to take charge of epidemics, fill special assignments, etc. They report fully on the work accomplished and the sanitary conditions to the Commissioner on each jurisdiction in their districts. The general description of their districts is mentioned in another paragraph.

The traveling nurses accompany the special physicians, assisting them in their work and taking charge of the medical and surgical cases operated on or treated by the Special Physician.

In addition to the foregoing provisions for the health of the Indians there are at many of the schools in the Service supervised play grounds with appropriate equipment and many of the larger schools are provided with modern gymnasiums. Special provisions are made in the course of study for the physical development of the pupils.

To obtain a comprehensive idea of the progress that has been made in medical activities and the magnitude of the task of establishing an efficient medical service, it is necessary to consider that modern medicine, surgery, and hospitals were all foreign to the inherited Indian nature. The earlier Indians were and some of the older ones are to this day skeptical as to the value of this science. In most instances their original medical procedures were closely allied to their religions and the process of diverting or changing their nature from inherited customs centuries old to our present advancement of medical science has required careful study of their nature, and the gradual application of such measures as tended to promote confidence in the results of our medical procedures.

The remnants of the earlier periods of Indian life with their loyalty to tribal customs regarding mode of habitation and the art of healing the sick has in many instances led the occasional observer of Indian life to the erroneous conclusion that the Indian is not being properly cared for and that he is being neglected by the Government. However, the brief foregoing description of the medical facilities and the increasing progress that is being made fully indicates, in view of the natural Indian customs to be overcome, a most rapid advancement.

Health conditions in general among the Indians are influenced by the same factors that influence the health of a circumscribed white community, epidemics, climatic conditions, economic disturbances, etc., have the same effect upon them that they do to a white community. As these conditions present themselves on the various reservations specialists employed by the Bureau are immediately sent to the reservation in question with instructions to correct the conditions found and outline a plan for general health improvement.

For example it has just recently developed that there is at present on the Blackfeet Reservation an unusual amount of trachoma, tuberculosis, and dental caries. As a result of this information, the Commissioner of Indian Affairs immediately assigned, by telegraphic instructions, a special physician, a field nurse, and a field dentist to the reservation with instructions to examine each individual and to apply such medical and surgical action as is possible in each instance.

The Indian Office avoids, as far as is practicable the application of stringent measures requiring the Indian to accept recognized medical or surgical services. It is a custom among our white population to select the mode of treatment consistent with their views and while every opportunity of persuasion is used to obtain consent for hospitalization among the Indians, and acceptance of medical services, except in rare instances as in epidemics, etc., forcible measures are not employed among the older Indians. With the pupils in the schools careful professional attention is given each case of illness. Through education and with a knowledge of Indian nature, the workers of the Bureau are gradually and progressively convincing the Indian people of the value and comfort to be derived from modern medical and hospital facilities.

With the education of the Indian people to the value of our medical science the corresponding financial necessities have annually increased, each succeeding year finds a larger number of persons availing themselves of the hospitals and other medical work. The growth in the hospital service is shown in another section of this report.

Appropriations for the health work of the Bureau of Indian Affairs for the purpose of relieving distress and the prevention of contagious diseases among the Indians have been as follows for the fiscal years shown in the following table:

<u>Year</u>	<u>Appropriation</u>
1911	\$40,000
1912	60,000
1913	90,000
1914	200,000
1915	300,000
1916	300,000
1917	350,000
1918	350,000
1919	375,000
1920	350,000
1921	355,000
1922	375,000
1923	370,000

The foregoing does not represent all that is being spent for health purposes but simply the specific appropriation made for relieving distress and prevention, etc., of diseases among Indians. In addition where tribal funds or individual Indian moneys are available for health work, they are used, and also the various other appropriations. The Indian Bureau earnestly desires to do all that is possible to meet the health demands of these people and realizes the grave responsibility involved and the magnitude of the work entailed. However, the future development of the important work of caring for the medical needs of the Indian people will of course depend primarily upon the legislative action of Congress in supplying the necessary funds therefor.

